

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SECURITIES AND EXCHANGE COMMISSION

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

1:23 CV 7779 (MKY ())

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

JEREMY KOSKI

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☒ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? 2/2012

Gross monthly wages at the time: \$4800

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment ☐ Yes ☒ No
(b) Rent payments, interest, or dividends ☐ Yes ☒ No

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

See Exhibit Marked "A"

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

\$200

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

No, or less than \$100.

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

See Exhibit marked "A"

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

0

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Loans, \$4000. Brigit

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

2/19/2024

Dated

KOSKI, JEREMY S

Signature

Name (Last, First, MI)

PO BOX 1424

Prison Identification # (if incarcerated)

KAPAAU

HI

96755

Address

808-203-0682

City

State

Zip Code

tangled61@protonmail.com

Telephone Number

E-mail Address (if available)

EXHIBIT "A"

MONTHLY EXPENSES JANUARY 2024

Total Income: \$2,882
Mortgage/Rent: \$750
Food: \$300
Telephone/Cell Phone/Cable/Internet/Other: \$400
Medical Expenses Not Covered by Insurance: \$200
Clothes, Personal Hygiene, etc.: \$100
Childcare / Child Support: \$500
Credit Card Payment: \$350
Total Expenses: \$2,900

**my Social Security**

Jeremy Koski

[Sign Out](#)

Welcome, Jeremy!

You last signed in on **December 28, 2023 at 11:20 PM ET.**



Your Social Security Statement

You can download your statement as a PDF or an XML file.



Your Benefit Verification Letter

This is your proof of income letter.



Replace Your Social Security Card



Replace Your Tax Form SSA-1099/SSA-1042S



Wage Reporting

Submit Your Paystub Information



Benefits and Payments

Benefit Summary

\$2,882 total monthly benefit before deductions



View your payment history and overpayment details

Need to update your **contact** or **direct deposit** information? Go to My Profile Get Help

Social Security (Disability)

Active

\$2,882 next payment before deductions

Next Payment Date: **February 2, 2024**

Payments are made on the **3rd** of every month

Payments are made by **Direct Deposit**

Last payment: January 3, 2024

Monthly Benefit Amount: \$2,882.00

Other Deductions: -\$500.00

Last Payment Total: \$2,382.00

Medicare Enrollment Details

Status: **Enrolled**

Part A (Hospital Insurance)

Your coverage started **March 2020**. Your monthly premium is **\$0.00** (as of March 2020).


Part B (Medical Insurance)

Your coverage started **March 2022**. Your monthly premium is **\$0.00** (as of March 2022).

For **Part C (Medicare Advantage)** and **Part D (Medicare Prescription Drug Coverage)** details, please contact Medicare for the status of your enrollment.

Replace your Medicare Card

Medicare Questions?

This information should not be used as proof of coverage. It is provided by the Center for Medicare Services and **may not reflect recent updates**. Please call **1-800-633-4227** or visit  Medicare.gov for assistance. If you are deaf or hard of hearing, you may call the TTY number, at **1-877-486-2048**.

Advance Designation of Representative Payee

You have the option to designate someone you trust to receive and manage your benefit payments in the event you become unable to do so yourself.

Access Advance Designation of Representative Payee

Earnings

Review your full earnings record now

PRESS FIRMLY TO SEAL

PRIORITY MAIL
LEGAL FLAT RATE ENVELOPE
POSTAGE REQUIRED



KAPAAU, HI 96755
FEB 20, 2024

FROM:

10007

\$14.55

RDC 03

R2305E124643-06

Jeremy Kask
PO Box 1424
Kapaa, HI 96755

ONLY

TO:

Honorable Judge Vyskocil
US District SDNY
500 Pearl St Rm # 2220
New York, New York 10007

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